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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must		
JAMES D. STEV REISING, ETHIN P.O. BOX 4390	7ENS GTON, BARNES, KIS	SPLID, ET AL	Er S	Cer I hereby certify that the States Postal Service yaddressed to the Mai	e of mailing or transmission. rtificate of Mailing or Trar	ismission  In deposited with the United rest class mail in an envelope above, or being facsimile
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APPLICATION NO.	FILING DATE	FIRST NAMED IN		TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/990,805	11/14/2001	David M. Johnson		n	P3010-1 R&B	3750
TITLE OF INVENTION: M	IULTI-STATION SHUTTL	E BLOW MOLDIN	NG MACHINE			
APPLN. TYPE	SMALL ENTITY	ISSUE FE	SE PO	BLICATION PEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330		\$300	\$1630	01/08/2004
EXAMINER		ART UNI	IT CI	LASS-SURCLASS	]	
DAVIS, ROBERT B		1722		425-532000	-	
CFR 1.363).  Change of corresponde Address form PTO/SB/II  "Fee Address" indicati PTO/SB/47; Rev 03-02 (Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless been previously submitte (A) NAME OF ASSIGN  R&B Machine  Please check the appropriate  1. The following fee(s) are  1. Issue Fee  Publication Fee  Advance Order - # of	on (or "Fee Address" Indicator more recent) attached. Use DRESIDENCE DATA TO Be an assignee is identified being to the USPTO or is being the EE.  Tool Company e assignee category or category	Correspondence tion form e of a Customer  E PRINTED ON T low, no assignee de submitted under sep (B)	names of up to agents OR, altern firm (having as a agent) and the na attorneys or agent will be printed.  THE PATENT (print on the parate cover. Complete on the parate cover. (CIT Saline, Manted on the patent);  Payment of Fee(s):  A check in the arm Payment by credit on the Director is he Deposit Account Nu	e patent. Inclusion of assion of this form is NOT Y and STATE OR COllichigan  individual ount of the fee(s) is end card. Form PTO-2038 ereby authorized by clamber	ssignee data is only appropria substitute for tiling an as UNTRY)  corporation or other private generated.  is attached.  harge the required fee(s), or (enclose an extra	credit any overpayment, to copy of this form).
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